## ARIZONA DEPARTMENT OF HEALTH SERVICES

## BASIS FOR COST ALLOCATION

Statistical

**Central Services Costs** 

Depreciation and Use

Leases and Rentals - Building

Insurance - Building Insurance - Other Licenses and Taxes

Finance

**Data Processing** 

General Administration

Communications (Radio & Telephone)

Heat, Light and Power

Interest

Motor Pool (Including Vehicle Depreciation and Insurance) Printing and Duplicating

**Professional Services** 

Custodial Maintenance Payroll Related Personnel Purchasing Security

Parking Water and Sewer Refuse Disposal

Publishing and Advertising **Printing and Binding** 

Office Supplies Record Storage

State Personnel System Cost

(\$60.00/employee)

Basis For Allocation

Square Feet Square Feet Square Feet Contractor FTE Square Feet Square Feet Machine Time

Contractor FTE Units/Department Meter or Square Feet Square Feet or Value Assigned Vehicles Actual Use (Miles) **Actual Costs** 

Contractor FTE or Actual Expense

Square Feet Actual Expense Actual or FTE Contractor FTE **Actual Cost** Square Feet Square Feet Contractor FTE Contractor FTE Actual Cost

Actual Cost or Contractor FTE

Square Feet Used

**Actual Cost** 

FTE

## Contractor's Expenditure and Requirement Report Instructions

This is a multi-purpose form for use by agencies who have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15<sup>th</sup> day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1.	Contract Number
2.	Contractor's Name
3.	Title of program
4.	Reporting Period Covered: From To
	A. Check appropriate box:
	☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
	☐ Fixed Price – reimbursement type contract.
	B. Check appropriate box.
5.	Detailed statement of expenditures (Cost Reimbursement)
	ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
	ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
	ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
	ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).
6.	Detailed Statement of Fixed Price Contracts
	A. Type of Unit – From unit description/deliverable on price sheet.
	ITEM 1. Rate per Unit from contract price sheet.
	ITEM 2. Number of Units Provided for the current Reporting Period.
	ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
	ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
	ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.

For Processing, mail or forward to: the Arizona Department of Health Services, Accounting office, 1740 W. Adams, Phoenix, Arizona 85007.

Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the

FIN: EXHIBIT 6
Date: Page 2

Chief Executive Officer must sign and date the report. Only an original signature will be accepted.